

ECHO IDAHO

Substance Use in Idaho

Common Dual Diagnoses

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Jacob Harris, MD, Psychiatry and Addiction Medicine

Boise VA

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Disclosures

- No financial disclosures

Learning Objectives

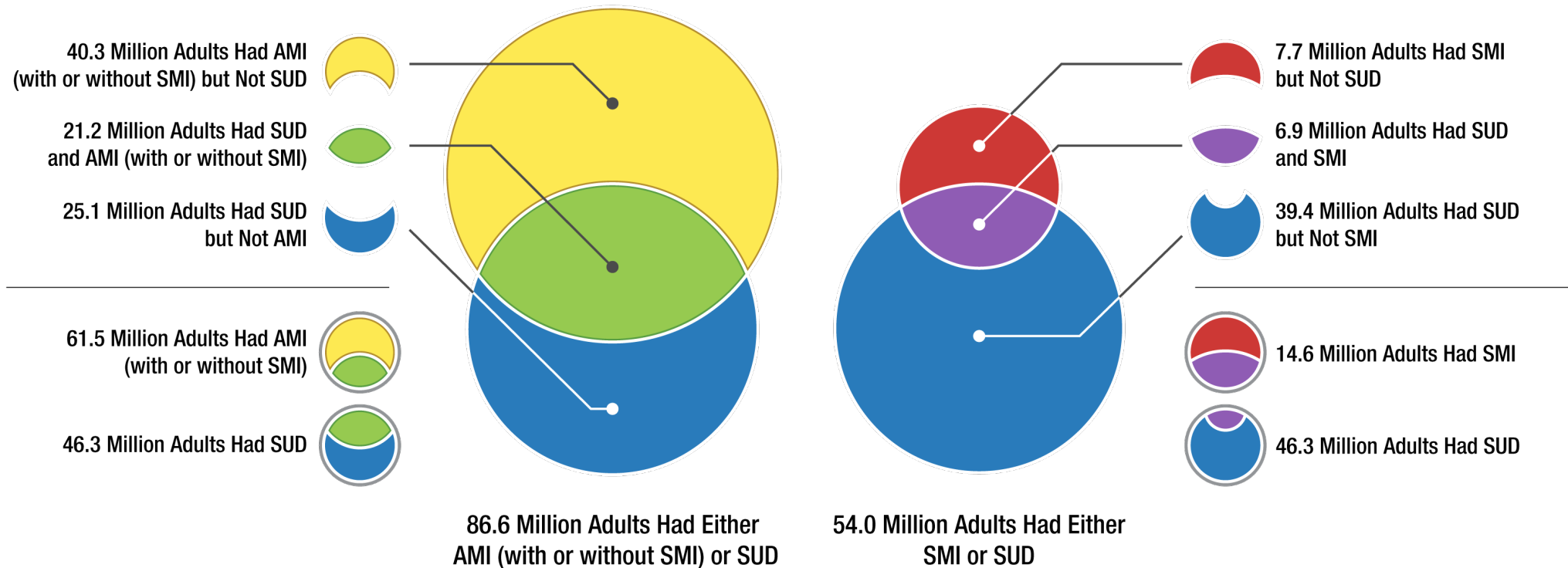
- Define Dual Diagnosis / Co-Occurring Disorders.
- Discuss the epidemiology of co-occurring disorders.
- Review the common pathology of psychiatric disorders and substance use disorders.
- Discuss the evidence for Integrated Treatment of co-occurring disorders.
- Review individual comorbid psychiatric disorders often associated with SUD.
- Review pharmacological and psychosocial interventions for co-occurring disorders.

What Does Dual Diagnosis Mean?

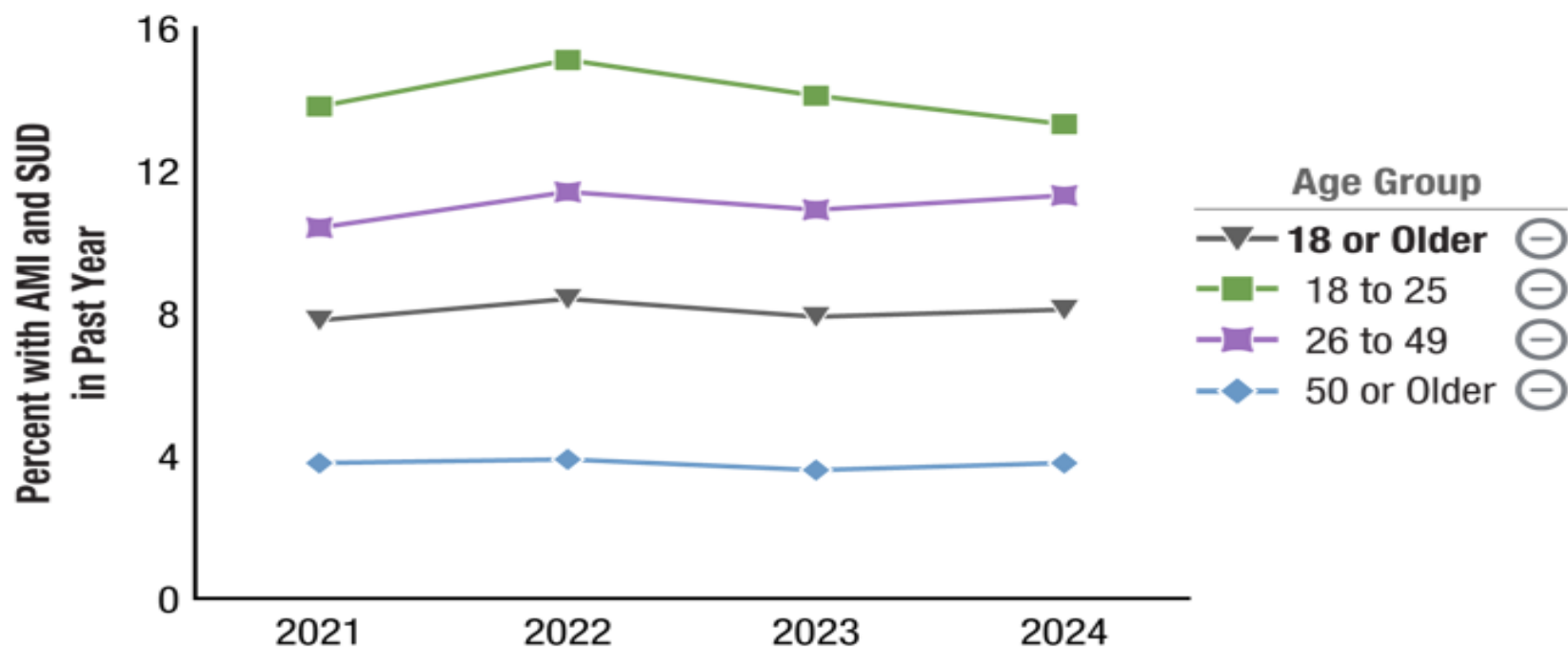
- Concurrent presence of a Substance Use Disorder and another mental illness.
- Also called Co-Occurring Disorders—more accurate as patients often have more than 2 diagnoses.
- The presence of two or more disorders can complicate diagnosis and treatment.
- Integrating screening and treatment for both mental illness and SUD leads to better care and health outcomes.

Epidemiology of Co-Occurring Disorders

Any Mental Illness (AMI), Serious Mental Illness (SMI), or Substance Use Disorder (SUD) in the Past Year: Among Adults Aged 18 or Older; 2024



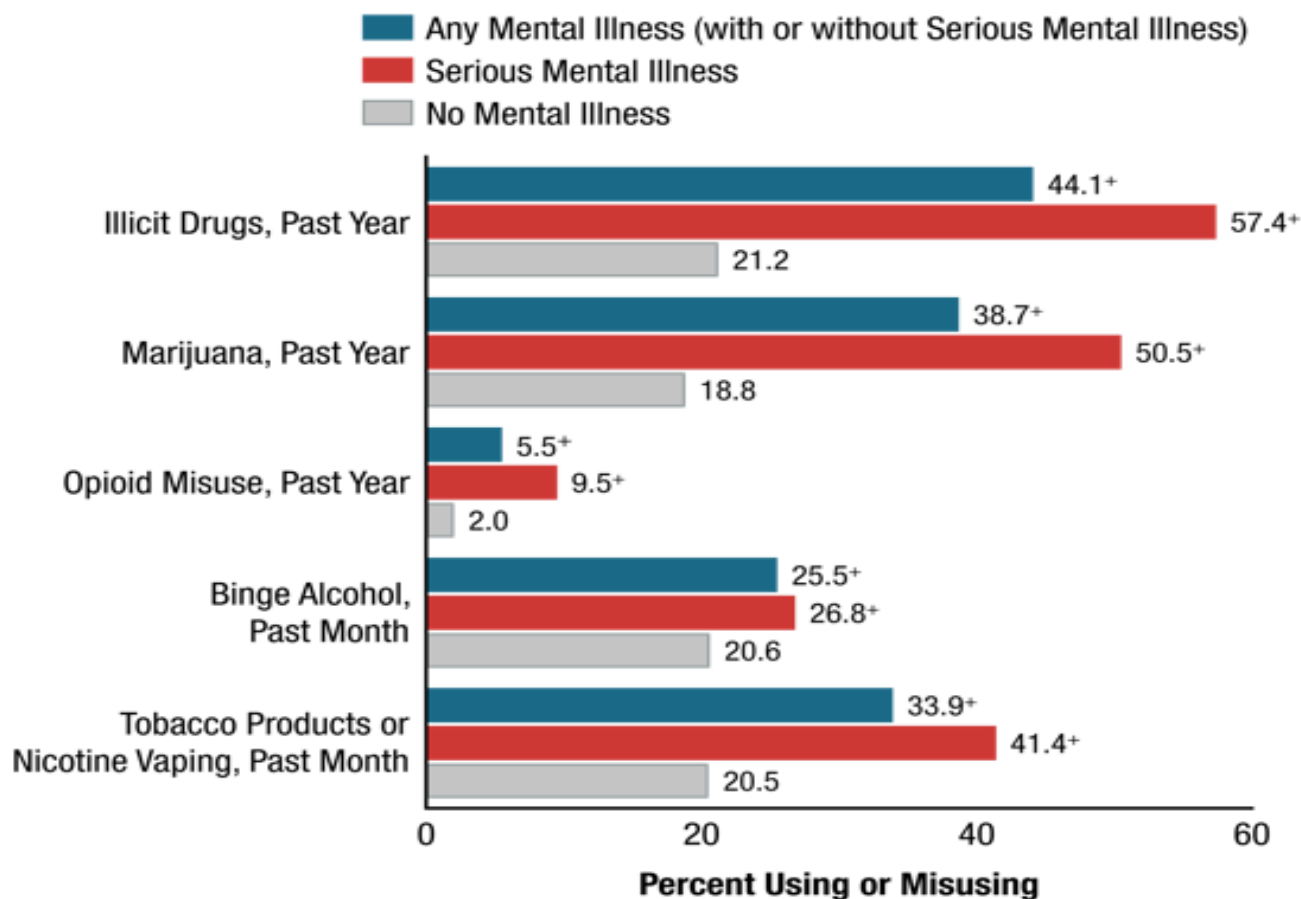
Co-Occurring Past Year Any Mental Illness (AMI) and Substance Use Disorder (SUD): Among Adults Aged 18 or Older; 2021-2024



Age Group	2021	2022	2023	2024	Trend
18 or Older	7.8	8.4	7.9	8.1	No Change
18 to 25	13.8	15.1	14.1	13.3	No Change
26 to 49	10.4	11.4	10.9	11.3	No Change
50 or Older	3.8	3.9	3.6	3.8	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Past Year or Past Month Substance Use: Among Adults Aged 18 or Older; by Level of Mental Illness, 2024



Epidemiology of Co-Occurring Disorders

- Nearly 50% of patients with SUD have a co-occurring mental illness.
- 1/3 of patients with Any Mental Illness have a co-occurring Substance Use Disorder.
- 44% of patients with Any Mental Illness report illicit use or misuse of substances within the past year.

Co-Occurring Disorders

Key Points

- Presence of a Substance Use Disorder increases the risk of having a co-occurring mental disorder.
- Presence of a mental disorder increases the risk of having a co-occurring Substance Use Disorder.
- Persons with any one Substance Use Disorder have an increased risk for another Substance Use Disorder.
- Addiction increases the chance of completing suicide by 5-10 times.*
- Alcohol or drugs are involved in half of all suicides.*

* Youdelis-Flores C. and Ries R.K. (2015)

Co-Occurring Disorders

Key Points

- One of the most common causes of relapse of Mental Illness in Co-Occurring Disorders is a return to use of substances.
- Conversely, one of the most common causes of relapse of a Substance Use Disorder is untreated mental illness.
- Integrated treatment of both SUD and mental illness leads to better outcomes including
 - reduced substance use
 - improvement in psychiatric symptoms
 - improved quality of life
 - decreased hospitalizations
 - increased housing stability, and
 - decreased involvement in legal system

Co-Occurring Disorders

Why Are They So Common?

- Having a mental disorder increases vulnerability to substance use disorders.
- Substance use disorders increases vulnerability to mental disorders.
- Substances can cause chronic changes to neurotransmitter systems that lead to psychiatric symptoms that can persist long after substance use has stopped.
- Both substance use disorders and mental illness can be caused by shared, overlapping factors:
 - Genetics
 - Learned maladaptive behaviors and coping
 - Exposure to traumatic or stressful life experiences (ACES)

Co-Occurring Disorders

Evidence for Integrated Treatment

- Traditional model of treating SUD and psychiatric disorders sequentially—stabilizing one condition before addressing the other—forces patients to navigate separate systems. Integrated treatment unifies services at the provider level, with the same clinicians or teams delivering coordinated mental health and addiction care leading to better engagement in services and better outcomes.*

* Cochrane Review, 2019: Psychosocial Interventions for People With Both Severe Mental Illness and Substance Misuse.

Co-Occurring Disorders

Typical Presentations

- Prominent substance use disorder, with psychiatric disorder that is more difficult to detect.
- Prominent psychiatric disorder, with more subtle symptoms of substance use disorder.
- Prominent symptoms of both SUD and psychiatric disorder.
- Psychiatric symptoms persist after remission of substance use disorder.
- Psychiatry symptoms appear in the setting of intoxication or withdrawal from substances.

Co-Occurring Disorders Assessment

- A complete diagnostic assessment is key to determining whether co-occurring disorders exist.
 - Many clinicians avoid asking about current or historical use of substances, especially when the pt is prescribed controlled substances.
 - Chronology of symptom presentation can help determine if psychiatric symptoms resulted from substance use or pre-dated SUD.
 - Most DSM 5 diagnostic criteria for any mental illness include the caveat: “The symptoms are not attributable to the physiological effects of a substance or another medical or neurological condition.”
 - Post Acute Withdrawal Syndrome (PAWS) can further complicate the diagnosis as symptoms of depression and anxiety can persist for weeks or even months after stopping use.
 - Assessment does not end on first visit!

Co-Occurring Disorders

Inaccurate Diagnosis and Outcomes

- Retrospective Study found that around 45% of initial psychiatric diagnoses by non-psychiatric physicians were inaccurate.*
- Most common misdiagnoses were depression, bipolar disorder, personality disorders and psychotic disorders.
- Substance Use Disorders are frequently missed and symptoms misattributed to a primary psychiatric disorder.
- Medications used to treat psychiatric disorders can have significant long-term adverse effects and are unlikely to confer much benefit in inaccurate diagnoses.

* Accuracy of Initial Psychiatric Diagnoses Given by Nonpsychiatric Physicians:
A Retrospective Chart Review. 2020.

Co-Occurring Disorders

Depression

- Symptoms of “Depression” can be vague and the differential diagnosis is incredibly broad.
- Chronic use of many drugs including alcohol, benzos, stimulants (meth and cocaine), and cannabis—even in the absence of criteria for SUD—are associated with depressive symptoms.
- Post-Acute Withdrawal Syndrome can have persistent depressive symptoms of low mood, low energy, poor sleep, poor concentration that can last for weeks to months.
- Accurate diagnosis of MDD and treatment can be critical to improving outcomes.
- Inaccurate diagnosis and treatment can lead to adverse medication reactions and unreasonable expectations of treatment.

Co-Occurring Disorders

Bipolar Disorder

- Symptoms of Mania have significant overlap with symptoms of stimulant intoxication, particularly methamphetamines and cocaine.
- Many patients do not have follow up evaluations after initially presenting with concurrent symptoms of mania and substance use and the diagnosis is carried forward.
- Personality Disorders, particularly Borderline Personality Disorder, are often misdiagnosed as Bipolar Disorder, especially when substance use is also involved.
- 2018 study reports 33-57% of patients with bipolar disorder diagnosis do not meet diagnostic criteria when a structured assessment is done.*
- Medications used to treat bipolar disorder can have significant long-term side effects.

* “Prospective: Is Bipolar Disorder Being Overdiagnosed?” 2018

Co-Occurring Disorders

Anxiety Disorders

- Anxiety Disorders are incredibly common and anxiety symptoms are not always pathological making it difficult to accurately diagnose.
- Anxiety is one of the most common symptoms of withdrawal and intoxication of all substances.
- Treatment of anxiety often includes medications that can be highly addictive and can lead to SUD (benzos, hypnotics).
- PTSD is particularly associated with comorbid substance use disorders.

Co-Occurring Disorders

ADHD

- ADHD is highly associated with substance use and untreated ADHD is associated with increased risk of developing a Substance Use Disorder (some conflicting data).
- Attentional deficits are adverse effects of many substances including alcohol, cannabis, benzodiazepines, and cannabis. These adverse effects can be seen even without sufficient criteria to meet a use disorder.
- Post-acute withdrawal symptoms can include poor concentration and can persist for weeks or months.
- Treatment of ADHD often involves the use of stimulant medications, which have significant risk of development of maladaptive addictive behaviors even in the absence of known SUD.
- Symptoms can often be more appropriately attributed to substance use OR comorbid anxiety or depressive disorders.
- There are non-stimulant medication treatments available that can be less risky to use than prescription stimulants.

Co-Occurring Disorders

Psychotic Disorders

- Patients can present with symptoms of psychosis in the setting of withdrawal or intoxication of various substances including methamphetamine, cocaine, MDMA, hallucinogens, alcohol, and cannabis.
- Antipsychotics can be used to treat psychotic symptoms in SUD but are often continued long-term for presumptive diagnosis of primary psychotic disorder.
- Diagnosis can be further complicated by persistent symptoms after cessation, particularly with methamphetamine (MAP) that can become permanent and is often indistinguishable from schizophrenia.
- Patients with schizophrenia have increased risk of substance use, particularly tobacco.
- Substance use, including cannabis and alcohol, is a common precipitant of decompensated psychosis in otherwise stable patients with schizophrenia.

Co-Occurring Disorders

Personality Disorders

- Maladaptive coping skills seen in personality disorders (impulsivity, emotion dysregulation, frustration intolerance, cognitive rigidity, alexithymia) are often triggers for substance use.
- Lifetime prevalence of SUDs in Borderline Personality Disorder is 78%. Lifetime presence of Alcohol Use Disorder in Anti-social Personality Disorder is 77%.
- Comorbid PD and SUD can lead to incorrect diagnoses of major depressive disorder, bipolar disorder, schizophrenia, or schizoaffective disorder.
- Co-occurring PD and SUD associated with 4 times higher all-cause mortality than personality disorder alone.

Co-Occurring Disorders

Evidence for Integrated Treatment

- **Depression + AUD:** Integrated treatment addressing both disorders simultaneously has shown better outcomes than sequential approaches.
 - Pharmacologically, combining antidepressants with AUD medications (naltrexone, acamprosate) improves treatment efficacy.
 - CBT and motivational interviewing are essential psychotherapeutic components.

“Integrated Management of Co-Occurring Alcohol Use Disorder and Depression: Clinical Approaches for Concurrent Disorders.” 2025.

Co-Occurring Disorders

Evidence for Integrated Treatment

- **PTSD + SUD:** Most robustly studied of co-occurring disorder treatment.
 - A large meta-analysis found that **combining trauma-focused therapy with SUD pharmacotherapy produced the largest effect sizes** on both PTSD severity and alcohol use severity *
 - A 2025 RCT showed that adding Prolonged Exposure, EMDR, or Imagery Rescripting to SUD treatment significantly reduced PTSD severity without worsening substance use.
 - VA/DoD 2023 PTSD Clinical Practice Guideline explicitly recommends that co-occurring SUD should not preclude delivery of evidence-based PTSD psychotherapies such as PE and CPT.

“Project Harmony: A Meta-Analysis With Individual Patient Data on Behavioral and Pharmacologic Trials for Comorbid PTSD and Alcohol or Other Drug Use Disorders.”
2023.

Co-Occurring Disorders

Evidence for Integrated Treatment

- **Schizophrenia/Severe Mental Illness + SUD:**
 - Clozapine appears more efficacious than other antipsychotics for reducing both psychotic symptoms and substance use in this population
 - Long-acting injectable antipsychotics (e.g., paliperidone palmitate) are promising for improving adherence.
 - Naltrexone is the most effective agent for comorbid SMI and alcohol use disorders.

Cochrane Review: Psychosocial Interventions for People With Both Severe Mental Illness and Substance Misuse. 2019.

Co-Occurring Disorders

Psychosocial Interventions

- **CBT + Motivational Interviewing** — the most studied combination, with some evidence of improved mental state, life satisfaction, and social functioning
- **Contingency management** — reduced stimulant use in homeless populations with dual diagnosis
- **DBT** — standard of care for BPD and effective for SUD; the only intervention shown to reduce treatment withdrawal among patients with BPD, who comprise ~25% of SUD patients
- **Seeking Safety** — a widely disseminated integrative model for PTSD/SUD, though evidence of superiority over active comparators is limited
- An umbrella review of 28 systematic reviews found that while integrated treatment was generally better than treating one condition alone, **most interventions resulted in significant improvement**, making it difficult to recommend one specific intervention over another. *

* “Effectiveness of Psychosocial Interventions for Adults With Substance Use Disorder That Have a Co-Occurring Common Mental Health Disorder: An Umbrella Review.”
2026.

Co-Occurring Disorders

Key Takeaways

- Co-Occurring Disorders are common and often missed.
- Integrated treatment of co-occurring disorders results in better outcomes than siloed or serial treatment of each diagnosis.
- Overdiagnosis of psychiatric disorders is common. Reassessment is critical to solidifying diagnoses.
- Medications are an integral part of treatment of co-occurring disorders.
- Psychotherapeutic interventions can focus on both substance use and comorbid psychiatric illness and treat both at the same time.
- Having a “No Wrong Door” policy can improve screening, start treatment faster, provide better access to care and lead to improved outcomes in both SUD and psychiatric illness.

Questions?